

County: La Crosse  
 MULDER HEALTH CARE FACILITY  
 P.O. BOX 850

Facility ID: 5810

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WEST SALEM 54669 Phone:(608) 786-1600  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 99  
 Total Licensed Bed Capacity (12/31/02): 99  
 Number of Residents on 12/31/02: 90

Ownership: Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 89

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No									37.8
Supp. Home Care-Personal Care	No						1 - 4 Years			40.0
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	2.2	More Than 4 Years			22.2
Day Services	Yes		Mental Illness (Org./Psy)	15.6	65 - 74	3.3				-----
Respite Care	Yes		Mental Illness (Other)	2.2	75 - 84	34.4				100.0
Adult Day Care	Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	51.1	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	1.1	95 & Over	8.9	Full-Time Equivalent			
Congregate Meals	No		Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	Yes		Fractures	17.8		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	11.1	65 & Over	97.8	-----			
Transportation	No		Cerebrovascular	8.9		-----	RNs			13.9
Referral Service	Yes		Diabetes	3.3	Sex	%	LPNs			5.7
Other Services	No		Respiratory	7.8		-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	32.2	Male	31.1	Aides, & Orderlies			
Mentally Ill	No			-----	Female	68.9				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care		
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	1	16.7	129	0	0.0	0
Skilled Care	4	100.0	143			53	96.4	110	0	0.0	0	12	52.2	137	5	83.3	110	2	100.0	360
Intermediate	---	---	---			2	3.6	90	0	0.0	0	11	47.8	131	0	0.0	0	0	0.0	0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Total	4	100.0				55	100.0		0	0.0		23	100.0		6	100.0		2	100.0	90

100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				
		-----				
		% Needing				Total
Percent Admissions from:		Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	9.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	82.2	17.8	90
Other Nursing Homes	8.3	Dressing	11.1	85.6	3.3	90
Acute Care Hospitals	78.6	Transferring	31.1	58.9	10.0	90
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	28.9	54.4	16.7	90
Rehabilitation Hospitals	0.0	Eating	54.4	37.8	7.8	90
Other Locations	3.6	*****				
Total Number of Admissions	84	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.6		Receiving Respiratory Care	4.4
Private Home/No Home Health	6.1	Occ/Freq. Incontinent of Bladder	43.3		Receiving Tracheostomy Care	1.1
Private Home/With Home Health	34.1	Occ/Freq. Incontinent of Bowel	26.7		Receiving Suctioning	0.0
Other Nursing Homes	8.5				Receiving Ostomy Care	1.1
Acute Care Hospitals	7.3	Mobility			Receiving Tube Feeding	2.2
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.2		Receiving Mechanically Altered Diets	12.2
Rehabilitation Hospitals	0.0					
Other Locations	4.9	Skin Care			Other Resident Characteristics	
Deaths	39.0	With Pressure Sores	10.0		Have Advance Directives	93.3
Total Number of Discharges		With Rashes	13.3		Medications	
(Including Deaths)	82				Receiving Psychoactive Drugs	58.9

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.9	84.7	1.06	87.1	1.03	85.3	1.05	85.1	1.06
Current Residents from In-County	88.9	81.6	1.09	81.5	1.09	81.5	1.09	76.6	1.16
Admissions from In-County, Still Residing	33.3	17.8	1.88	20.0	1.67	20.4	1.63	20.3	1.64
Admissions/Average Daily Census	94.4	184.4	0.51	152.3	0.62	146.1	0.65	133.4	0.71
Discharges/Average Daily Census	92.1	183.9	0.50	153.5	0.60	147.5	0.62	135.3	0.68
Discharges To Private Residence/Average Daily Census	37.1	84.7	0.44	67.5	0.55	63.3	0.59	56.6	0.66
Residents Receiving Skilled Care	85.6	93.2	0.92	93.1	0.92	92.4	0.93	86.3	0.99
Residents Aged 65 and Older	97.8	92.7	1.06	95.1	1.03	92.0	1.06	87.7	1.12
Title 19 (Medicaid) Funded Residents	61.1	62.8	0.97	58.7	1.04	63.6	0.96	67.5	0.91
Private Pay Funded Residents	25.6	21.6	1.19	30.0	0.85	24.0	1.07	21.0	1.21
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	17.8	29.3	0.61	33.0	0.54	36.2	0.49	33.3	0.53
General Medical Service Residents	32.2	24.7	1.30	23.2	1.39	22.5	1.43	20.5	1.57
Impaired ADL (Mean)	43.3	48.5	0.89	47.7	0.91	49.3	0.88	49.3	0.88
Psychological Problems	58.9	52.3	1.13	54.9	1.07	54.7	1.08	54.0	1.09
Nursing Care Required (Mean)	5.6	6.8	0.82	6.2	0.89	6.7	0.82	7.2	0.77